

Evaluation
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Please rate the overall following statements by marking a check inside the box which best corresponds to your opinion of the Seminar.

	Very Low	Low	Moderate	High	Very High
<b>Seminar Materials</b>					
Degree to which your objectives were met					
The value of material presented: Adoption of Incident Command System (ICS) at USDA					
The value of material presented: ICS 100 Overview					
The value of material presented: Low Pathogenic Avian influenza (LPAI) in Virginia Outbreak					
The value of material presented: Emergency Management Curriculum And Upcoming Training Events					
<b>Overall Seminar</b>					
Overall value of this seminar for you					
The value of the Website as a source of information					
Anticipated usefulness of the seminar materials to you on-the-job					
The quality of the transmission to your broadcast site					
The quality of the video (if applicable)					
Effectiveness of the seminar for your learning purpose					

1. What were the strengths of this seminar?
  
  
  
  
  
  
  
  
  
  
2. What might we do MORE OF, BETTER, OR DIFFERENTLY to improve this seminar? (Please use the reverse side if you need more space.)

How did you view the seminar : Satellite broadcast \_\_\_\_\_ Videotape of broadcast \_\_\_\_\_

Satellite Location Downlink (City & State): \_\_\_\_\_ Downlink Coordinator: \_\_\_\_\_

Your Name: (Optional): \_\_\_\_\_

This program was reviewed and approved by AAVSB's RACE program for continuing education. Please contact the AAVSB's RACE program at 3100 Main Street, Suite 208, Kansas City, MO 64111 or info@aavsb.org should you have any comments/suggestions regarding this program.

Check applicable boxes and complete other information as appropriate:

***Veterinarian***

Employment:

- ☐ APHIS: *Unit Name:* \_\_\_\_\_
- ☐ Other USDA Agency: \_\_\_\_\_
- ☐ Other Fed GOV Agency: \_\_\_\_\_
- ☐ Military: *Branch of Service:* \_\_\_\_\_
- ☐ State GOV: *State:* \_\_\_\_\_
- ☐ State Diagnostic Lab: *State:* \_\_\_\_\_
- ☐ Private Diagnostic Lab: \_\_\_\_\_
- ☐ University: Faculty \_\_\_\_\_ Lab \_\_\_\_\_
- ☐ Student: *Area of Study* \_\_\_\_\_
- ☐ Industry: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Related Education/Training:**

☐ FAD Diagnostician

☐ Epidemiology

Degree: \_\_\_\_\_

Board Certification in: \_\_\_\_\_

☐ Pathology

Degree: \_\_\_\_\_

Board Certification in: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Degree: \_\_\_\_\_

Board Certification in: \_\_\_\_\_

Check applicable boxes and complete other information as appropriate:

***Non-Veterinarian***

Employment:

- ☐ APHIS: *Unit Name:* \_\_\_\_\_
- ☐ Other USDA Agency: \_\_\_\_\_
- ☐ Other Fed GOV Agency: \_\_\_\_\_
- ☐ Military: *Branch of Service:* \_\_\_\_\_
- ☐ State GOV: *State:* \_\_\_\_\_
- ☐ State Diagnostic Lab: *State:* \_\_\_\_\_
- ☐ Private Diagnostic Lab: \_\_\_\_\_
- ☐ University: Faculty \_\_\_\_\_ Lab \_\_\_\_\_
- ☐ Student: *Area of Study* \_\_\_\_\_
- ☐ Industry: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Related Education/Training:**

Area of Study: \_\_\_\_\_

Degree: \_\_\_\_\_